

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1957

39170

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 429

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gateway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Boone County Hosp.			Length of stay in 1b 82 Yrs.		d. STREET ADDRESS (If outside, give location) Shoaf Nursing Home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle TUTTLE Last COOK				4. DATE OF DEATH Month Nov. Day 18, Year 1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 5, 1871		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		
11. BIRTHPLACE (City and state or country) Boone County, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME James H. Cook			13b. MOTHER'S MAIDEN NAME Charlotte Goslin			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. L		17. INFORMANT Meade Lee Cook, Route 1, McBaine, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF PROSTATE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 177X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS — MANY YRS							INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 10-21-57 to 11-18-57 and last saw her alive on 11-18-57 Death occurred at 8:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE OF DECEASED H. W. Palmer				22b. ADDRESS 22 N 8th Columbia, Mo		22c. DATE SIGNED 11-21-57		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 21, 1957		23c. NAME OF CEMETERY OR CREMATORY Valley Springs Cemetery		23d. LOCATION (City, town, or county) (State) Boone County, Missouri		
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.				25. DATE RECD. BY LOCAL REG. Nov 21 1957		26. REGISTRAR'S SIGNATURE Mrs R E Palmer		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by , Student Embalmer No:
working under my personal supervision.

Student
Signature of Student Embalmer

Signed: 

Licensed Embalmer No. 5010

P. O. Address: Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.